MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 95756 MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) g. COUNTY b. COUNTY Page 0 10 ST. MARY 6 ST. MARY S MARYLAND MARYLAND delay the State Deportment b. CITY OR TOWN (If autside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) pup PM3. write RURAL and give nearest tawn) LEONARDTOWN LEXINGTON PARK 25 DAYS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address). d. STREET ADORESS Office along with form 76 ST. MARY'S HOSPITAL YES NO K Item 18. Give Pages 3. NAME OF Middle 4. DATE First Lost Onv Year DECEASED OF 20, 1967 RENE (Type or print) MILES Aup DEATH IF UNDER 24 HRS S. SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years 7. MARRIFO NEVER MARRIED lost birthday) Months FEMALE WHITE WIDOWED OIVORCED Aug. 15, 1891 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign country) 12. CITIZEN DE WHAT during mast of warking life, even if retired) INDUSTRY COUNTRY? in pencil in I Examiner's (offer S HOME PEARSON.

14. MOTHER'S MAIDEN NAME U.S.A MARYLAND 13. FATHER'S NAME This certificate should be executed within LUTNER F. MILES JANIE R. HAMMETT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO Address Chief Medical (Yes, no, or unknown) (If yes give war or dates of service) 219-56-1931 B. FRANKLIN AUD LEONARDTOWN, MARYLAND 1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Cardine arrest IMMEDIATE CAUSE (6) the certificate, writing the word Chronic heart failur **DUE TO** any Conditions, if ony, which gave rise to immediate couse (a), DUF TO stating the underlying cause forworded pup last. remayal, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? CERTIFICATION NO K 20o. EXTERNAL CAUSE WAS 20b. OESCRIBE HOW INJURY OCCURRED. (Enter natural of injury in Part I or Part II of Item 18.) 3 should PRIMARY OF CONTRIBUTING CAUSE OF OEATH MFDICAL 20c. TIME OF INJURY Month, Day, Year (City or tawn) (County) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour a.m. factory, street, affice bldg, etc.) Not While may be retained for your FUNERAL DIRECTOR: Poge please execute at work at work 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection X. Inquiry X, and in my apinian death resulted fram: Natural causes X. Accident Suicide Hamicide Undetermined manner CHIFF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE OFPUTY MEDICAL EXAMINER **EXAMINER'S** Heolth WILLIAM D. BOYD M.B. Address (Street, city, town, or county) NAME (Type) 23a. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 0 BURNOYAL (Specify) APRIL 22,1967 ST. GEORGE CEMETERY VALLEY LEE.

REGISTRAR'S SIGNATURE

VR A15ME (5) 6M 1/67 24 FLINERAL DIRECTOR

W. CLARKE MATTINGLEY LEONARDTOWN, MARYLAND

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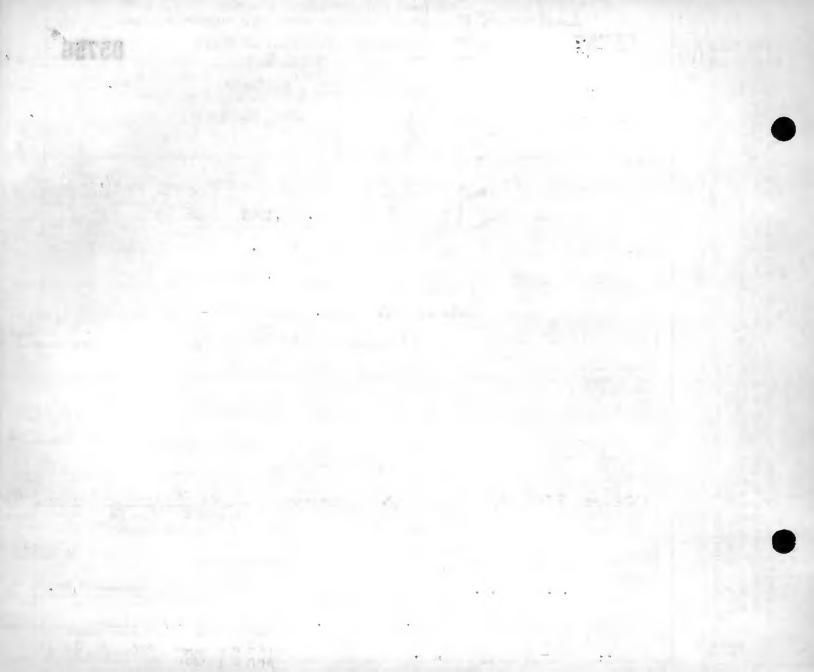
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219-3-1991 G.FRANKLIN AND LITORAS PIESEN, MARYLEND

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05757 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE A HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY delay is and 3 to M3. Page 50 death. ST. MARYS MARYLAND MARYLAND ST_MARYS Deportment CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) P.M3 ofter RURAL SCOTLAND RURAL SCOTLAND d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS form hours YES NO K Item 18. Give Poges ofter death. 3. NAME OF Middle 4. DATE 25 First Last Month Day Уеαг DECEASED OF within within (Type ar print) BISCOE APRIL 17.X 19 67 FLORENCE CULLISON DEATH along S. SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Manths Hours hours WIDOWED DIVORCED Office NEGRO FEB. 20.1881 FEMALE ond ever 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? in ony HOUSEWIFE PENNA. USA 2 Examiner's DOMESTIC 13. FATHER'S NAME pencil 14. MOTHER'S MAIDEN NAME be executed within File and BENJAMIN HAND ELIZABETH GURNER WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address rd "pending" in Chief Medical E permit. (Yes, no, ar unknown) (If yes give war or dates af service) removal. MRS. HELEN WHITE - SAME AS # 2 NO 214 28 4647 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH 10 IMMEDIATE CAUSE (a) e, writing the ward forwarded to the Ch This certificate should cremotion, DUE TO Canditions, if any, which gave (b) rise to immediate cause (a), DUE TO stating the underlying cause used as buriol, c last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? 9 YES NO please execute the certificate. 200. EXTERNAL GAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) 3 should designoted ogent, prior PRIMARY OF CONTRIBUTING should CAUSE OF DEATH 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) factory, street, affice bldg, etc.) While Nat While may be retained for your FUNERAL DIRECTOR: Poge St Mar 7:00 at wark at wark 21. I certify that I taok charge of the remains described obave, held an Autapsy Inspection [X] Inquiry X ond in my opinion the funeral director. death resulted fram: Natural causes Accident A Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL FXAMINER **SIGNATURE** DEPUTY MEDICAL EXAMINER 0 **EXAMINER'S** Heolth , Address (Street, city, town, or county) LEONARDTOWN . MD. WM.D.BOYD M.D. NAME (Type) 23b. DATE THEREOF 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 50 4/20/67 ST PETERS CEM. RIDGE, MARYLAND **ADDRESS** 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME Ochemias Judge - LEONARDTOWN.MD. DATE

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

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1.	o. COUNTY	ST. MARY S		MA	RYLAND	2. USUAL RESIDENCE 0. STATE	Where deceos	ed lived, if instit b. CO	UNITY ST.	MARY	odmission)
		(If outside corporate limited give nearest town)		6 YEARS		C CITY OR TOWN (If o		ite minis, wille i	URAL ond giv	ve negrest t	rown)
10		TAL OR INSTITUTION (IF n		give street oddress)		d. STREET ADDRESS				e. YE	IS RESIDENCE ON A FARM? S NO
	NAME OF DECEASED (Type or print)	Marga	irst RET	Middle MARY		Last BROOKS	4. DATE OF DEATH	APRIL	onth	Doy	Yeor 1967
1	SEX	6. COLOR OR RACE	7. MARRIED WIDOWED			B. DATE OF BIRTH JAN. 25. 1921		AGE (In years last birthdoy) 46 yrs.	Months	Doys	Hours Min
		N (Give kind of work done g life, even if retired) VIFE	10b. Ki	IND OF BUSINESS OR IDUSTRY		11. BIRTHPLACE (County	MONT		((ITIZEN OF V OUNTRY?	VHAT
	. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
12	. WAS DECEASED EV es, no, or unknown)	ER IN U.S. ARMED FORCES? (If yes give wor or dates	of service)	SOCIAL SECURITY NO.	17.	INFORMANT		Add	dress		
	PART I. DE 581 Conditions, if on rise to immedia stating the und	y, which gove)	(o) TO (b)	(a), (b), and (c). Co	wih	reis M	Li	ne			VAL BETWEEN T AND DEATH
ATION	PART II. OTHER S	SIGNIFICANT CONDITIONS	(c)	TO DEATH BUT NOT R	ELATED TO	THE TERMINAL DISEASE CO	NDITION GIVE	N IN PART I(o)		19. W PE YES	VAS AUTOPSY ERFORMED?
CERTIFIC	OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY	OCCURRED.	(Enter nature of injury in	Port I or Por	t II of item 18.)			
MEDICAL	Hour o	.m. 19	While of wor	k	for	ACE OF INJURY (Home, for tory, street, office bldg., etc	.)	(City or town)		ounty)	(Stote)
	21. I cert	ify that (I) (this ha	spital) atten	ded the deceased	from_3	t death accurred at	1964 I	a africal from cause	s and on 1	the date	t (I) (we) l stated abo
	220. SIGNATURE	rales Z	heen	weec_	M.	133103	MED. DIRECTOR	STAFF PHYS.	22b. D	DATE SIGNED	
/	22c PHYSICIAN' NAME (Typ		GREENW	ELL M.D.		, 22d. ADDRESS		DTOWN,		ND	
	o. BURIAL, CREMAT BURIAL BURIAL	APRIL	15,196	23c. NAME OF CEI		MARYLAND	Sui	CATION (City or		(County)	(Stote)
	4. FUNERAL DIRECT			ADDRESS	A BYL A	25g RFC	D BY REGISTR	1967 756	REGISTRAR'S	SIGNATURE	dge

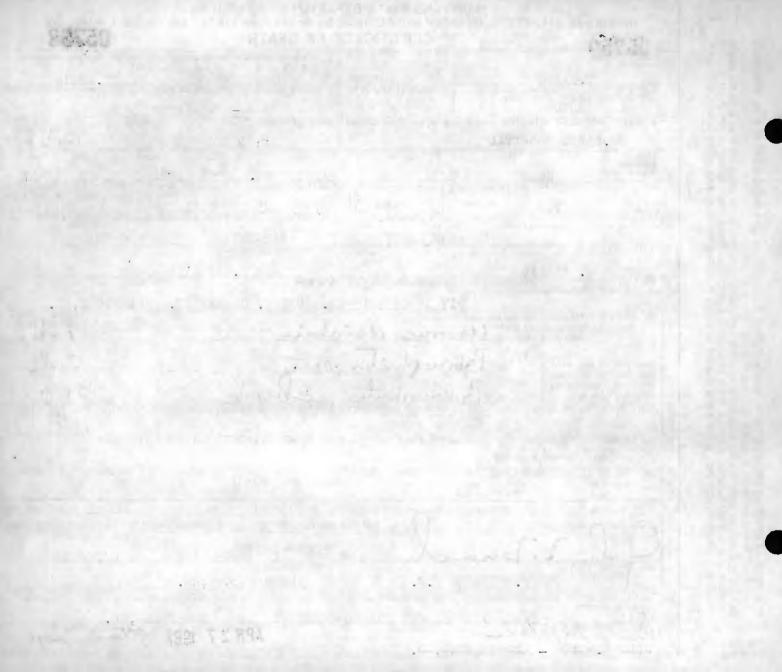
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH のたったり after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY completely filled in by the ive carbon papers. Pages 1 b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) hours RURAL = HOLLYWOOD LEONARDTOWN d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? ST. MARYS HOSPITAL BOX 338 YES A NO executed within NAME OF 3. 4. DATE Month Year First Middle Last DECEASED (Type or print) DEATH 1967 SR. WASHINGTON AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. remove n any 5. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) | Months | Hours Min. Days and 10/29/1885 WIDOWED DIVORCED MALE and in 1Da. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) physician certificate be during most of working life, even if retired) COUNTRY? FARMER FARM OWNER VIRGINIA USA removal 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CALLIS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. LT. INFORMANT Address permit. 占 (Yes, no, or unkown) (If yes give war or dates of service) that the death ial, cremation, HOLLYWOOD MD. MR. NOAH W. CALLIS JR. been signed by the the burial-transit p or to burial, crematic CAUSE DF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that ti the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate DUE TO (a), stating prior underlying cause last. certificate has 33 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health p PERFORMED? NO T YES 2Da, ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) 9 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Dept. MEDICAL TIME OF INJURY Month, Day, Year 2Dd, INJURY OCCURRED 12De, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) be de State factory, street, office bldg., etc.) Hour a.m. After While Not While at work at work be retained . 19 FUNERAL DIRECTOR: A director, page 3 should hould be filed with the the ___. that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 19_ . to. M, from the causes and on the date stated above. and that death occurred at saw the deceased alive on 22b. DATE SIGNED 223, SIGNATUR ATTENDING PHYS. STAFF M.D. DIRECTOR PHYS. 4 may HYSICIAN'S director, pe 22d. ADDRESS 22C. IAME (Type) LEONARDTOWN . MD. JOHN FENWICK M.D. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF 2 REMOVAL (Specify) JOY CHAPEL CEMETERY HOLLYWOOD.MD **ADDRESS** 25a. R 2 7 198 VR A15 (4) DATE 15M 4-64



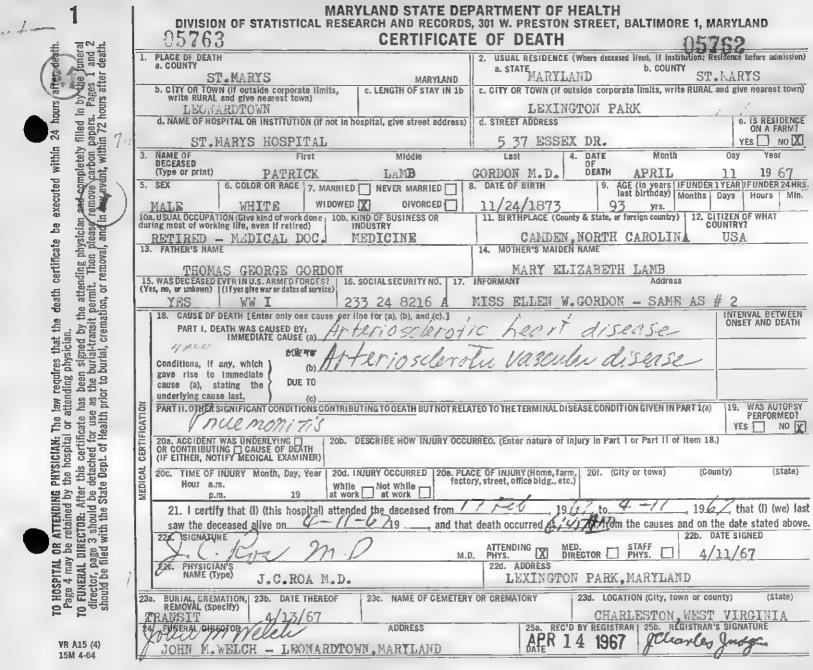
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05760 CERTIFICATE OF DEATH death funeral pup 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY ST. MARY'S ST. MARY B requires that the death certificate be executed within 24 haurs after MARYLAND MARYLAND b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) 20 MARKE RURAL MECHANICSVILLE LEONARDTOWN. filled in by papers. P hin 72 hay d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS filled remove carban pap any event, within ST. MARY'S HOSPITAL ROUTE NO X YES NAME OF 4. DATE Last Day Year completely DECEASED TAYLOR 1967 (Type or print) MILES COLEMAN DEATH APRIL IF UNDER 24 HRS S. SEX 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Months Hours WIDOWED DIVORCED DEC. 17, 1906 MALE WHITE and 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician on please during most of working life, even if retired) INDUSTRY COUNTRY? U.S.A CIVIL SERVICE POST OFFICE DEPT. WASHINGTON. D.C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar removal. RUTH TILDEN JOHN COLEMAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, na, ar unknown) (If yes give war or dates al service DORIS ANN COLEMAN SAME AB # 2 ABOVE YES INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY: signed by the burial-transit p burial, crematic ONSET AND DEATH IMMEDIATE CAUSE (a) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if any, which gave (b) rise to immediate cause (a), DUE TO stating the underlying cause ed far use as the af Health priar ta last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO certificate 20g. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II) of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. 20f. (City or town) (County) (State) O FUNERAL DIRECTOR: After this Hour o.m. factory, street, office blda., etc.) Not While at work at work 21. I certify that (1) (this hospital) attended the deceased fram . 19_____, ta_ . 19____. that (1) (we) last director, page 3 should should be filed with the saw the deceased alive and that death accurred at, M, from causes and an the date stated above 220. SIGNATUR 22b. DATE SIGNED **ATTENDING** M.D. PHYS DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) MECHANICSVILLE, MARYLAND DAVID MOSSMAN M.D. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION. (State) BURIAL (Specify) 4/11/67 BALTIMORE NATIONAL MARYLAND BALTIMORE. 24. FUNERAL DIRECTOR 25g. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 W.CLARKE MATTINGLEY LEONARDTOWN. MARYLAND

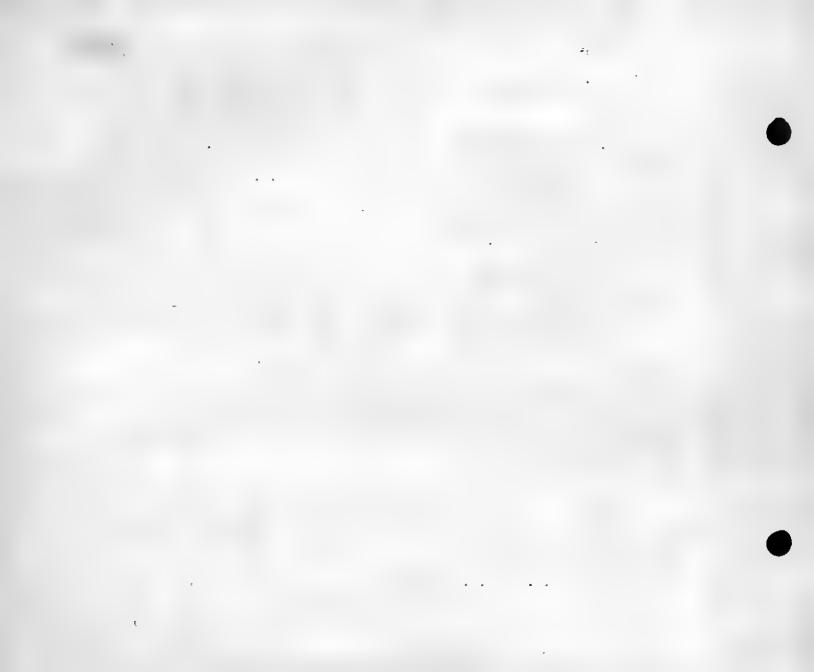
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY affer-ST. MARY, S MARYLAND MARYLAND the MARYLAND MARYS b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Page papers. Page write RURAL and give nearest town) RURAL - CHARLOTTE HALL LEONARDTOWN d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? within XT. MARYS HOSPITAL YES NO X executed within completely Hod: 3. NAME OF Middle DATE Month Year First Last 4. Day DECEASED OF DEATH S E APR. 19 67 (Type or print) NETTI MAY DAVIS 6 AGE (In years | IFUNDER | YEAR | IFUNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE DATE OF BIRTH 9. removen any e 7. MARRIED NEVER MARRIED Days WIDOWED A DIVORCED FEMALE WHITE AUG. 1883 nding physician a Then please re removal, and in 10a, USUAL OCCUPATION (Give kind of work done = 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) þe during most of working life, even if retired) INDUSTRY COUNTRY? DOMESTIC USA MARYLAND death certificate HOUSEWARD 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending r WM. W. DYSON KATE MORAN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16, SOCIAL SECURITY NO. 2153 PTERCE ST. NORTH ed by the attenctransit permit. (If yes pive war or dates of service) (Yes, no, or unkown) ARLINGTON . VA. MRS MARGARET 18. CAUSE OF DEATH (Enter only one cause-mer line for (a). INTERVAL BETWEEN (b), and (c)(ONSET AND DEATHthis certificate has been signed by letached for use as the burial-transi Dept. of Health prior to burial, crem PART I. DEATH WAS CAUSED BY: MITON the hospital or attending physician. IMMEDIATE CAUSE (a) OA **DUE TO** Conditions, if any, which (b) gave rise to immediate DUE TO (a), stating the underlying cause last. (c) CERTIFICATION WAS AUTOPSY PARTYL DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED ?. NO P YES 20a. ACCIDENT WAS UNDERLYING P DESCRIBE (Enter nature of injury in Part I or Part'll of Item 18.) 20b. OR CONTRIBUTING TI CAUSE OF BEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 120e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) O FUNERAL DIRECTOR: After t director, page 3 should be de should be filed with the State Hour a.m. While Not While ATTENDING be retained by 19 at work at work p.m. 19.4 21. I certify that (I) (this hespital) attended the deceased-from saw the deceased alive on and that death occurred at M. from the causes and on the date stated above. SIGNATURE 22b. DATE/SIGNE 22a. 8 ATTENDING STAFF M.D. DIRECTOR PHYS. PHYS. 4 may PHYSICIAN'S 22d. ADDRESS NAME (Type) MECHANICSVILLE.MD. MOSSMAN M.D. DAVID Page 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 0 10/67 ALL FAITH CEMETERY CHARLOTTE HALL MARYLAND REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS FUNERAL DIRECTOR VR A15 (4) M. WELCH LEONARDTOWN . MD. -15M 4-64









MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05764 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE b. COUNTY ST. MARY S ed in by the fur opers. Pages 1 172 haurs after ST. MARY'S MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 21 DAYS MORGANZA RURAL LEONARDTOWN d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) IS RESIDENCE ON A FARM? d. STREET ADDRESS YES NO 🔀 ST. MARY & HOSPITAL Q. NAME OF 4. DATE canhan Lost Month Year Day completely DECEASED OF DEATH (Type or print) 16. 19 67 WILLIAM APRIL MATHEW 5. 5EX 6 COLOR OR RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS **NEVER MARRIED** remove lost birthdoy) Doys Months Hours and in any WIDOWED DIVORCED July_21.1896 COLORED and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? U.S.A. MARYLAND 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME burial, crematian, or remayal, ADA DORSEY WILLIAM HOL 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address permit. (Yes, no, or unknown) (If yes give war or dates of service ETHEL M. HOLT MORBANZA. MARYLAND 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b) INTERVAL BETWEEN burial-transit PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (6) Page 4 may be retained by the haspital or attending physician. DUE TO signed l Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse be detached for use as the State Dept. of Health priar ta has been last WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) NO [YES certificate 20a ACC DENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year Hour o.m. 20f. (City or town) (County) (Stote) Not While factory, street, office bldg., etc.) While of work of work FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased fram. , 19, ta_ , 19___, that (I) (we) last director, page 3 should should be filed with the M, fram causes and an the date stated above 220. SIGNATURE 22b. DATE SIGNED STAFF PHYS DIRECTOR M D 22d. ADDRESS O HOSPITAL 22c. PHYSICIAN'S NAME (Type) DAVID MOSSMAN M.D. GREAT NILLB. MARYLAND 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION. 23b. DATE THEREOF (County) (Stote) BURIAL (Specify) APRIL 20.1967 ST. JOSEPHS MORGANZA. MARYLAND ADDRESS 25b, REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR liances VR A15 (4) W. CLARKE MATTINGLEY LEGNARDTOWN, MARYLAND



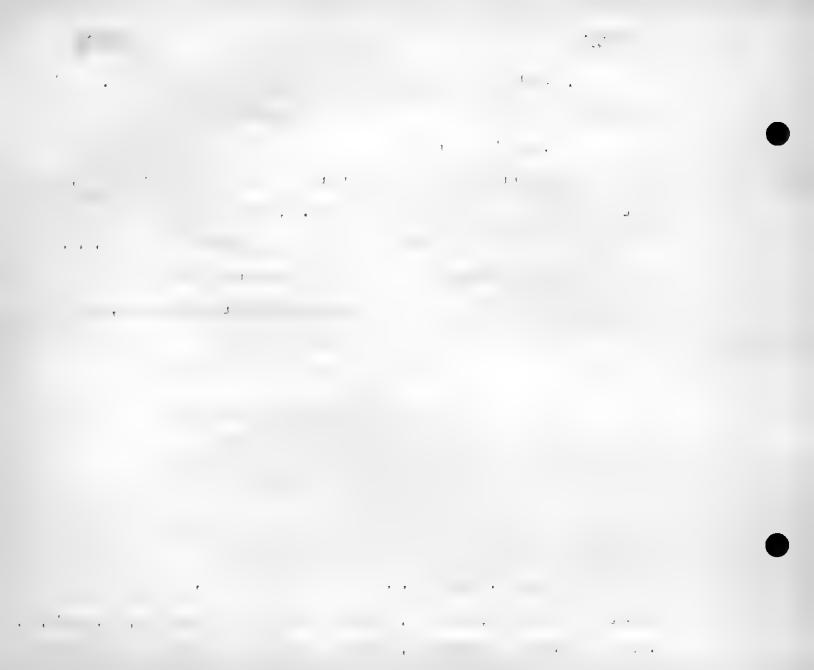
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 95765 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2 USUA, RESIDENCE (Where deceased lived, it institution a. COUNTY a STATE b. COUNTY ST. MARY S MARYLAND ST. MARY S delay b CITY OR TOWN, if outside carparate mits, c . FNGTH OF STAY IN 1h c CTY OR TOWN (It as to de carparate limits, write RURAL and give nearest tawn) write RURAL and give negrest town) LEXINGTON PARK RURAL LIFE RURAL LEXINGTON PARK d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street godress) d STREET ADDRESS IS RES DENCE ON A FARM? YES NO Y n Item 18. Give Pages ADAMS PLACE This certificate should be executed within 24 hours after death olang with 3. NAME OF Middle 4. DATE First LOST Manth Day Year DECEASED 0F THELMA (Type or pnn1) THERESA DEATH HURT NEVER MARRIED S SEX 6 COLOR OR RACE 7 MARRIED B DATE OF BIRTH AGE (In years lost birthdoy) Months Days Hours WIDOWED DIVORCED FEMALE MARCH 12,1967 NEGRO Office 10a, USLAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? in penal n l Examiner's (U.S.A MARKLAND 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME FRANCIS STEWART BARBARA HURT IS WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMANI 16 SOCIAL SECURITY NO Address word "pending" i (Yes, na. ar unknown) (Iff was give war ar dates of service in ony event within MOTHER 2 ABOVE SAME AS 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN tronsit ONSET AND DEATH IMMEDIATE CAUSE (o) writing the word DUE TO burral Conditions, if any, which gave (b) rise to immediate cause (a), 0 DUE TO vertificate, with the certificate forwarded to stating the underlying cause last or removal. PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.01 19 WAS AUTOPSY PERFORMED? NO X 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of Injury in Part I or Part II of tem 18) PRIMARY or CONTRIBUTING EXAMINER: CAUSE OF DEATH. cremotion, 20c TIME OF NURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (County) Haur o.m. factory, street, office bldg., etc.) While Not While at wark at wark 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection 🔀 Inquiry 🔀 ond in my opinion Natural causes X Suic de . Homicide death resulted from Accident Undetermined manner funeral director be retained CHIEF MEDICAL EXAMINER prior to 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER **EXAMINER'S** Heolth NAME (Type) WILLIAM D Address (Street, city, tawn, ar county) BOYD MAD 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23a BUR AL CREMATION 23d LOCATION (City at Tawn) BURLAL (Specify) APRIL 14.1967 ST. ALOYSIUS CEMETERY LEONARDTOWN. 24 FUNERAL DIRECTOR 25a REC D BY REGISTRAR VR A15ME (5) 1.8 6M 1/67 W.CLARKE MATTINGLEY LEGNARDTOWN, MARYLAND



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 37228 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 07206 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a COUNTY PM3. Poge Maryland 2 St. Mary's MARYLAND. deloy b CTY OR TOWN (If autside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 c CITY OR TOWN IIf outside corporate limits, write RJRAL and give nearest town) ond Abe11 Near Gardiner's Mill FWM HOSTH OS LYEAR (by water ovotre Methanicsd STREET ADDRESS e IS RESIDENCE ON A FARM? Office along with form ville-Chaptico Road in pencil in Item 18. Give Pages Exominer's Office along with for YES NO ofter death 3 NAME OF 4 DATE Found: Manth Midd e Day Year DECEASED JOSEPH JONES KENNETH 25 (Type or print) DEATH 19 67 SEX F LINDER | YEAR 6 COLOR OR RACE DATE OF BIRTH F .. NDFR 24 HRS 7. MARRIED NEVER MARRIED AGE (In years last birthday) Months Doys Hours event within 72 hours ofter death WIDOWED X DIVORCED This certificate should be executed within 24 hours Male Colored 8-17-02 64 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT OYSTER & FISH during most of working life, even if retired) COLNTRY? MARYLAND USA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME JAMES D. JONES ANN E. HOPPS IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address word "pending" in the Chief Medical (Yes, no, or unknown) (If yes give war or dates of service) 220 16 4656 MARY L. MACK -COLTON POINT - MD. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART DEATH WAS CAUSED BY INTERVAL BETWEEN burial-transit ONSET AND DEATH Multiple traumatic injuries IMMEDIATE CAUSE (o). writing the word DUE TO n ony Conditions, if any, which gove rise to immediate cause (a). DUE TO stating the underlying cause D. PART I OTHER SIGNIFICANT CONDITIONS CONTRIBLING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART (a) 9 WAS AUTOPSY PERFORMED? removol, please execute the certificate, YES X NO 2Do EXTERNAL CAUSE WAS 20b DESCR BE HOW INJURY OCCURRED (Enter nature of injury in Part I a. Part I. of Jem 1B) 3 should PRIMAR I or CONTRIBUTING should cremotion, or CAL EXAMINER: Presumably struck by auto then thrown in stream CAUSE OF DEATH 20c TIME OF INJURY Month Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame farm 2Df (City or town) Haur om Not While foctor intract office bldg etc) Unknown 19 Unknown of work 21 1 certify that I taak charge of the remains described above, held an Autapsy [X], Inspection [], Inquiry []. and in my apinion Natural causes . Accident X death resulted fram: Suicide Hamicide Undetermined manner retoined CHIEF MEDICAL EXAMINER X ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAM, NER SIGNATURE ealth priar the funerol FUNERAL TO DEPUTY DEPUTY MEDICAL EXAMINER 5-5-67 **EXAMINER'S** NAME (Type) RUSSELL S. FISHER, M.D. Address (Street, city, town, or county) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23a BLRIAL CREMATION. 23d LOCAT ON (City or Town) (County) BURLAL (Specify) 5/8/67 SACRED HEART CEMETERY BUSHWOOD MARYLAND ADDRESS 25a REC D BY REGISTRAR 2Sb REG STRAR'S SIGNATURE VR A15ME (5) 6M 1/67 M. WELCH - LEONARDTOWN . MD.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 25766 05765CERTIFICATE OF DEATH executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY b. COUNTY ST. MARY S ST. MARY 8 MARYLAND MARYLAND b CITY OR TOWN (If outside corporate limits write RURAL and give nearest town)
LEONARDTOWN CLENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LEGNARDTOWN emove darban papers. Paris event, within 72 hou d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE .⊑ ST. MARY'S HOSPITAL YES NO K NAME OF Middle 4. DATE Month First Lost Doy Year DECEASED 19 67 ELIZABETH ABELL MATTINGLY APRIL (Type or print) DEATH IF UNDER 24 HRS. 9. AGF (In years IF UNDER 1 YEAR S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH birthdov) Months Doys Hours SEPT. 1,1888 FEMALE WHITE WIDOWED DIVORCED 10o USUA, OCCUPATION (Give kind of work done during most of working life even if retired)
HOUSE WIFE 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT .= requires that the deoth certificate be COUNTRY? physician ren please INDUSTRY and HOME MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME buriol, cremotion, or removol, attending phys ENOCH BOOTH ABELL KATHERINE CAMALIER IS WAS DECEASED EVER IN U.S. ARMED FORCES? 37 INFORMANT 16 SOCIAL SECURITY NO. Address permit. (Yes, no, or unknown) (If yes give wor or dates of service MRS ELOISE STOKEL LEGNARDTOWN. MARYLAND 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c).) INTERVAL BETWEEN signed by the buriol-tronsit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO Conditions, if only, which gove rise to immediate couse (a). DUE TO stoting the underlying couse Page 4 may be retained by the hospital or attending os the State Dept, of Health prior to this certificate has been lost. 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) use 2 NO YES T PHYSICIAN: Ē 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18) 200 ACC DENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, (City or town) (Stote) 20d INJURY OCCURRED (County) 20c TIME OF INJURY Month, Doy, Year Hour 'o.m. foctory, street, office bldg , etc.) Not While at work of work **DIRECTOR:** After pe 19___, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from director, page 3 should should be filed with the and that death occurred at M, from causes and an the date stated above. saw the deceased alive on 226 SIGNATURE 22b DATE SIGNED M.D. DIRECTOR 22c. PHYSICIAN S O HOSPITAL FUNERAL NAME (Type) JOHN P. FENWICK M.D. LEGNARDTOWN. MARYLAND 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION, (County) REMOVAL (Specify) BURIAL LEGNARDTOWN ST MARY & MO LEGISTRAR 255 REGISTRAR S SIGNATURE 0 APRIL 18,1967 ALOYSIUS CEMETERY 2So REC'D BY REGISTRAR 24 FUNERAL DIRECTOR Miarley Judge W.CLARKE MATTINGLEY 25M 1/67 LEONARDTOWN. MARYLAND



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

05767 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) o. COUNTY ST. MARY 5 o STATE **b** COUNTY MARYLAND MARYLAND ST. MARY S by In. b CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Pag hin 72 hours c write RURAL and give nearest town) LEGNARDTOWN 20 HRS LEONARDTOWN. e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS filled i ST. MARY S HOSPITAL YES NO W LAWRENCE AVENUE NAME OF Middle 4 DATE corbon Month Doy Year completely DECEASED WILLIAM DOMNICK MATTINGLY 11. 1967 (Type or print) APRIL DEATH remove c SEX 6. COLOR OR RACE 7 MARRIED XX B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED lost birthdoy) Months Dovs Hours JUNE 4.1886 MALE WHITE WIDOWED DIVORCED 100 USJAL OCCUPATION (G ve kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT Ξ eose during most of working life, even if refired) FARM EQUIPMENT U.S.A. offending physicion permit. Then pleose puo LEGNARDTOWN. MARYLAND 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME burial, cremation, or removol. WILLIAM CLEMENT MATTINGLY MARY MAGDALENE HAYDEN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service AMANDA MATTINGLEY LEONARDTOWN. MARYLAND 1B. CAUSE OF DEATH (Enter only one couse per line for 601/(b), and (c). INTERVAL BETWEEN signed by the burnal-tronsit PART I DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DHE TO stating the underlying couse os the prior to has been last PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? be detoched for use State Dept. of Health NO certificate 20o ACCIDENT WAS UNDERLYING ... 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) 20c TIME OF INJURY Month, Doy, Year (City or fown) (Stote) Hour o.m. foctory, street, office bldg., etc.) While Not While of work 21. I certify that (1) (this hospital) attended the deceased from and that death occurred at 45 M. from/causes and on the date stated above **DIRECTOR:** sow the deceased alive on 22o SIGNATURE DATE SIGNED 22b ATTENDING M.D PHYS DIRECTOR PHYS director, page should be filed _22d. ADDRESS 22c PHYSICIAN'S O FUNERAL NAME (Type) JAMES P. JARBOE M. D. LEGNARDTOWN. MARYLAND 23b. DATE THEREOF 230 BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d. EOCATION (City or Town) (County) (Stote) BURIAL (Specify ST. ALOYSIUS CEMETERY LEO NARDTOWN ST MARY REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR

W. CLARKE MATTINGLEY LEGNARDTOWN. MARYLAND

Mlarles

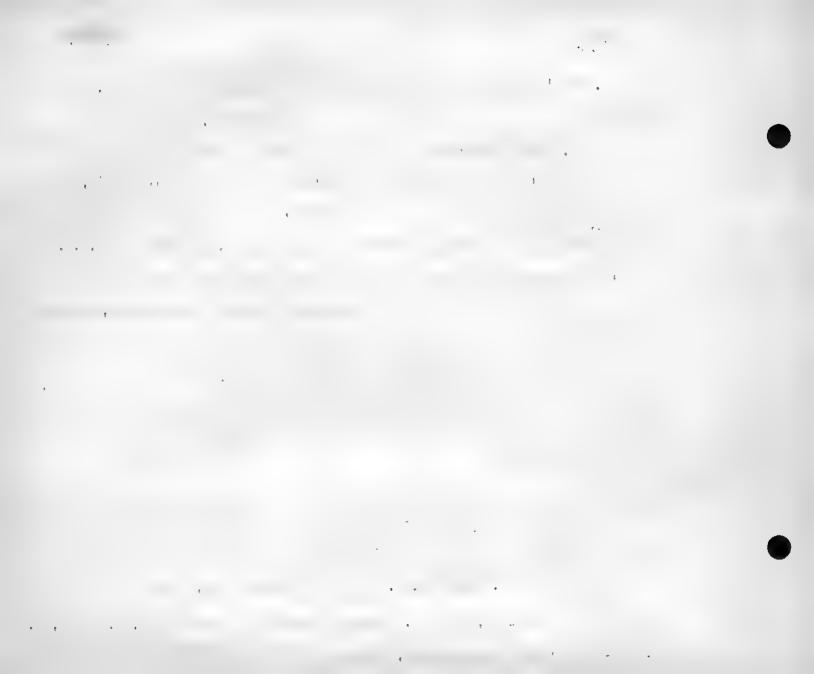
VR A15 (4) 25M 1/67

law requires that the deoth certificate be executed within 24 hours after death.

by the hospital or attending physicion.

ATTENDING PHYSICIAN:

Page 4 may be retained



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05768 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE **b.** COUNTY ST. MARY S MARYLAND MARYLAND ST. MARY'S b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 1b c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) hours PHYSICIAN: The law requires that the death certificate be executed within 24 haurs LEXINGTON PARK. LEONARDTOWN 7 DAYS RURAL IS RESIDENCE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ON A FARM? 76 ST. MARY S HOSPITAL NO M YES 🗌 3. NAME OF Middle 4 DATE Day First Last Month Year DECEASED 0F burial, cremotion, or removal, and in any event, MACK (Type or print) MUNGO DEATH APRIL IF UNDER 24 HRS S SEX 6 COLOR OR RACE B. DATE OF BIRTH AGE (In years IF UNDER 7. MARRIED NEVER MARRIED last birthday) Months Days MALE WIDOWED I DIVORCED MAY 5.1878 NEGRO IDa USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT attending physician (sermit. Then please INDUSTRY COUNTRY? LANCASTER SOUTH CAROL NA LABORER U.S.A 13. FATHER'S NAME LOUIS MUNGO MARGARET BLADNIE 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address permit. (Yes, no, or unknown) (If yes give war at dates of service) 51-86-6974 MATTIE CATES LEXINGTON PARK. MARYLAND 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY. signed by the burial-transit p IMMEDIATE CAUSE (a) by the hospital or attending physicion. DUE TO Conditions, if any, which gave (b) rise to immediate cause (o), DUE TO stoting the underlying couse ue aerached for use as the Stote Dept. of Health priar to has been PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) "WAS AUTOPS" PERFORMED? NO certificate 20a. ACC DENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 2Df (City or tawn) (County) (State) 2Dc TIME OF INJURY Month, Day, Year Not While Hour 'a.m. factory, street, office bldg., etc.) While at work at wark FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased fram 196/, that (I) (we) last Poge 4 moy be retained and that death accurred at saw the deceased alive an 19 0 22 M, fram causes and an the date stated above. 220 SIGNAJURE DATE SIGNED DIRECTOR PHYS M.D. PHYS 22d ADDRESS 22c PHYSICIAN'S O HOSPITAL HAMM (Type) ERNEST REHM LEXINGTON PARK, MARYLAND NAME OF CEMETERY-OR-CREMITERY 23a BURIAL CREMATION 23d. LOCATION (City or Town) (County) (State) MEMOVAL (Specify) ~ancasles 9 256 REGISTRAR'S SIGNATURE 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 W.CLARKE MATTINGLEY LEGNARDTOWN, MARYLAND



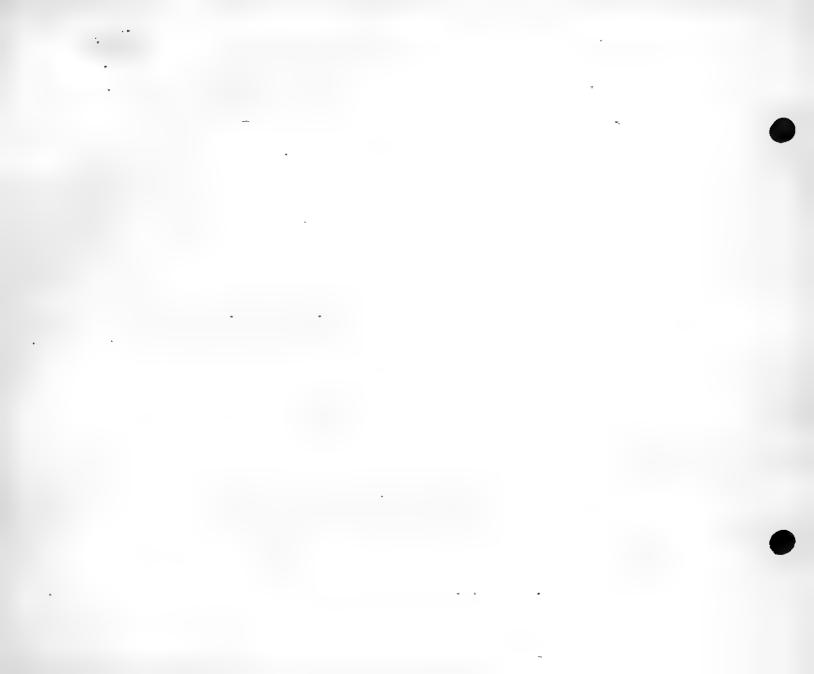
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 35769 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. funeral 1 and 1er death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution Residence before admission) p. COUNTY o. STATE b. COUNTY ST. MARY S ST. MARY S MARYLAND papers. Poges 1 MARYLAND b. CITY OR TOWN (If outside carparate limits, c LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate firmits, write RURAL and give nearest town) write RURAL and give neorest town)
LEONAR DTOWN ò DAYS RURAL GREAT MILLS. d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) .⊆ S RESIDENC d STREET ADDRESS ON A FARM filled ST. MARY 15 HOSPITAL NO 🗐 YES NAME OF Middle 4. DATE Month remove carbon Lost Doy Year completely DECEASED event, VIOLET (Type or print) BEAN NORRIS DEATH APRIL 6 COLOR OR RACE IF LINDER 24 HRS 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years NEVER MARRIED last birthday) Months Days Hours WIDOWED -FEMALE DIVORCED Vno ni bno WHITE AUGUST 11,1902 pup 1Da USJAL OCCUPATION (Give kind of work done during most of working life, even if retired)
HOUSE WIFE 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) physicion a INDUSTRY **COUNTRY?** HOME MARYLAND U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME buriol, cremation, or removal, THOMAS W. BEAN ELIZABETH EVANS 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address LEONARDTOWN, MD permit. (Yes, no, or unknown) (if yes give wor or dotes of service) ELMER LEE NORRIS STAR ROUTE Box 39 18. CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY NTERVAL BETWEEN signed by the burial-tronsit p IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or ottending physician DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stating the underlying couse be detached for use as the State Dept. of Health prior to PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL ISSASS NEWTON GIVEN IN PART 1(a) PERFORMED? NO certificate 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18) 2Do. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd INJURY OCCURRED 2De PLACE OF INJURY (Home, form (City or town) (County) (Stote) 20c TIME OF INIURY Month, Dov. Year Hour o.m foctory, street, office bidg., etc.) Not While OR ATTENDING at work 21. I certify that (V) Nois ho all attended the deceased fram DIRECTOR: saw the deceased alive an and that death accurred at 1 causes and an the date stated above 220 SIGNATUL ATTENDING director, page 3 should be filed v MD PHYS DIRECTOR PHYS 22d. ADDRESS PHYSICIAN S 22€ FUNERAL (AME Type) JAMES/ JARBOE M. D. G_EAT MILLS. MARYKAND 230 BURIAL CREMATION, REMDVAY (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d LOCATION (City or Town) (Stote) (County) HOLY FACE CEMETERY 2 GREAT MILL 24. FUNERAL DIRECTOR VR A15 (4) W_CLARKE MATTINGLEY LEGNARDTOWN, MARYLAND 25M 1/67



Iten	ns 18-21					ARTMENT OF HEA ON STREET, BALTIMO	ALTH DRE, MARYLAND 21201			
1	95770		MED	ICAL EXAMIN	ER'S	CERTIFICATE O	F DEATH	11574	:9	
	LACE OF DEATH				·		Where deceosed lived, if institu		before odmission)	
0	COUNTY	ST. MARYS		MARYL	AND	o. STATE Mar	yland b cou	NTY ~ /	*	
Ь	CITY OR TOWN (If	outside corporate limit give nearest town)	S.	C LENGTH OF STAY IN	lb :		its de corporate limits, write Ru	RAL and give	neorest town)	
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d	NAME OF HOSP TA	L OR INSTITLT ON (if no	ot n hospital,	give street oddress)		d STREET ADDRESS			e IS RES DENO ON A FARM	CE A?
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S SE		6 COLOR OR RACE	7 MARRIED	NEVER MARRIED		B DATE OF BIRTH	9 AGE (In years lost b rthdoy)	Months 1		Win HK2
	Female	White (Give kind of work done	WIDOWED	IND OF BUSINESS OR		MAY 24,1945	21 yrs	12 (17)	ZEN OF WHAT	
durin	ig most of working li	fe, even if retired)	100. K	IND OF BUSINESS OR		II BIKINFLACE (SIOIS	MARYLAND	U.S.	NIRY?	
13	FATHER S NAME					1 14 MOTHER'S MAIDEN !		0.0)/·· •	
1	Transfer by Mennie	JOHN S. F	HEST	ON			ABETH DEAN			
15	WAS DECEASED EVER	TIN U.S. ARMED FORCES?	1 16	SOCIAL SECURITY NO	17 1	NFORMANT	Addr	855		
(Yes,	, no, or unknown)	(If yes give war or dates o	of service)		اول	HN S. PILKE	RTON			
	18. CAUSE OF DE	ATH (Enter only one cou	ise per line foi	(a), (b), and (c).)					INTERVAL BETWEE	
	PART I. DEATI	H WAS CAUSED BY IMMEDIATE CAUSE	Man		int	and penetr:	ating injurie	5	ONSET AND DEAT	(H
	182	DUE	то с	f head, ne	ck	and thorax				
	Conditions, if only, use to immediate		(b)							
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	last	,	(c)						Tao 19745 4 TODS	V
NO.	PART IT OTHER SIG	ENTERCANT COMDITIONS C	ONTRIBUTING	TO DEATH BUT NOT KELA	IED IU I	THE TERM WAL DISEASE COS	ND TON GIVEN IN PART I(0)		19 WAS AUTOPS' PERFORMED?	
FICAL	20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port II of Item 18.)								YES NO	
R1	20a EXTERNAL CAUSE WAS PRIMARY X or CONTRIBUTING ☐ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port II of Item 18) Stabbed and struck numerous times									
1 3 h		RY Month, Doy, Year	20d I		2De P.AC	CE OF INJURY (Home, form	n 2Df (City or town)	(Cour	nty) (Stor	te}
볼 4	ADOURDUR a.m 2:30 A.m		67 While		locti	ory, street, office bldg., etc.)	,	St. Ma	rys	
					ive, he	ld an Autopsy X,	Inspection , Inq	ury .	and in my opi	inion
	death resulte		al squses [Accident .			X, Undetermined m	ianner 🔲		
	ACTUAL	W. 1.		1 0		CHIEF MEDICAL	4000		00 0475 010	24150
	SIGNATURE	Mark	v. d	y fat	~		OICAL EXAMINER X		22. DATE SIG	NED
1	EXAMINER'S NAME (Type)	Charles S.	Sprin	gate, M.D.			AL EXAMINER	April	17, 1967	
230	BUR AL CREMAT OF	N, 23b DATE TH	EREOF	23c NAME OF CEMET	ERY OR	CREMATORY	23d LOCAT ON (City or To	wn) (County) (State	e)
	REMOVAL (Specify)		0,1967		IS C	EMETERY	HOLLYWOOD. D BY REGISTRAR 255 R	ST. M	RY B. Mo.	
	FUNERAL DIRECTOR			ADDRESS				EGISTRAR'S SIC	SNATURE O	
W.C	JLARKE MA	TTINGLEY	LEONAR	DTOWN. MARY	LAN	D DATE A	R 2 1 1967 8	want	es Judge	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 75771 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAT HEALTH DEPT 2 USUAL RESIDENCE (Where deceased I ved of institution refrence translations on PLACE OF DEATH o. COUNTY n STATE h COUNTY ond 3 to M3 Poge ST. MARYS MARY, AND SOME STORY b City OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 15 c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town) CHEWENTS RURAL - BRANDYWINE d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? form ours State | **Give Poges** RT. 1 BOX 34 YES NO 🐨 hmurs after death a ong with NAME OF First Middle 4 DATE Lost Month Doy Year DECEASED WITHAR 0F JOHNNI E PRESTON RIGSBEE (Type or print) DEATH APRIL S SEX FINDER 24 HRS 6 COLOR OR RACE DATE OF BIRTH AGE n years 7 MARRIED NEVER MARRIED lost berthdoy) Months Doys Hours MALE WHITE WIDOWED DIVORCED /18/1020 CN event ond 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUS NESS OR 1. BIRTHPLACE (State or fore gn (ountry) 12 CITIZEN OF WHAT during most of working life, even if retired)
SALESMAN COBNTRY? TRAILER NORTH CAROLINA ONV US/ pages Examiner 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ⊆ RUFUS RIGSBEE ANNIE TAPP puo Q) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address be mxecuted (Yes, no, or unknown) (If yes give wor or dotes of service) removal. RIGSBEE _ SAME AS # 2 NO MRS. CAROLYN M. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEE PART I DEATH WAS CAUSED BY ONSET AND DEATH ŏ IMMEDIATE CAUSE (o) Word This certificate should cremofion, DHE TO Conditions, if any, which gove rise to immediate couse (a). DUE TO stating the underlying couse 0 last buriol, (19 WAS AUTOPS Y PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION PERFORMED? NO Y please execute the certificate. 200 EXTERNAL CAUSE WAS 20h DESCRIBE HOW MIJRY OCCURRED (Enter nature of injury in Port 1 or Port 1 of Item 181) agent, prior 3 should bluods PRIMARY LOOF CONTRIBUTING CAUSE OF DEATH 20c TIME OF INJURY Month, Dov. Year 20d IN. JRY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (County) foctory, street, office bldg , etc) Not While FUNERAL DIRECTOR: Poge of work St. War 70-4 at work 21. I certify that I took charge of the remains described above, held an Autopsy and in My opin an Inspection death resulted from: Natural causes Accident X Suicide [Hamicide Undetermined manner director CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE the funerol be 70 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Heolth Address (Street, city, town or county) T.EONARDTOWN . MD. BOYD M.D. NAME (Type) D. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BUR AL CREMATION, (County) (Stote) 0 DURHAM. NORTH CAROLINA 4/4/67 2So REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE ADDRESS APR 5 VR A15ME (5) 196 LEONARDTOWN . MD. 6M 1/66



. 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
1-01.	35772 Item #ld Film#GERTIFICATE OF DEATH 05771
24 hours after death filled in bythe tunera apers. Pater and n 72 hours after death	1. PLACE OF OEATH a, COUNTY ST. MARY, S MARYLAND MARYLAND MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) LEONARDTOWN d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. STATE MARYLAND ST. MARY S C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) I.EONARDTOWN d. STREET ADDRESS e. IS RESIDENCE ON A FARMY.
and completely fremove carbon prompts any event, within	3. NAME OF FIRST Middle Last 4. DATE Month Day Year OF OF OF OF OF DEATH APRIL 27 1967
	5. SEX 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 14 ARS Instituted Institu
he death certifica / the attending pl sit permit. Then mation, or remova	JAMES W. SMITH 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) NO 16. SDCIAL SECURITY NO. 17. INFORMANT 215 32 0299 MRS. DOROTHY W. SMITH LEONARDTOWN, MD. 18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).]
PHYSICIAN. The law requires that the death certificate be the hospital or attending physician. This certificate has been signed by the attending physician detached for use as the burial-transit permit. Then please a Dept. of Health prior to burial, cremation, or removal, and	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c)
PHYSICIAN: 1 the hospital r this certific detached for the Dept. of He	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (City or town) (State)
TO HOSPITAL OR ATTENDING PHYSICIAM: The Is Page 4 may be retained by the hospital or at O FUNERAL DIRECTOR: After this certificate hisroctor, page 3 should be detached for use should be filed with the State Dept. of Health	21. I certify that (I) (this hospital) attended the deceased from
TO HOSPITAL Page 4 may 12 W 12 FUNERAL I director, pag should be file	NAME (Type) JOHN F. FENWICK M.D. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 4/30/67 CHRIST EPISCOPAL CEM. PORT REPUBLIC MD. 24. SCHERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE JOHN M. WELCH LEONARDTOWN MD. DATEMAY 2 1967 Clearles Judge.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05773

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t the death certificate be executed within 2 the attending physician and completely filler sit permit. Then please remave carban par nation, or removal, and in any event, within			EMALE WHIT	-	IDOWED DIVORCED		4,1905	62 last bert	1		ucs M.n
in g		100.	USUAL OCCUPATION (Give kind	af work done	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTH	IPLACE (County & SI	tate, ar f <mark>areig</mark> n caunt	ry) 12	CITIZEN OF WHA	AT .
te ian iase		GOIN	g most of working life, even if TOUSE WIFE	ietii eu j	INDUSTRA	CHA	RLOTTE.	NORTH CA	ROLINA	U.S.A.	
fica ysic			FATHER'S NAME			14 MOTH	HER'S MAIDEN NAM	IE			
requires that the death certificate being physician or signed by the attending physician or e burnal-transit permit. Then please reaburial, crematian, or removal, and in			ARTHUR D	- VANDER	BURGH	Man	ERVA L.	HAYES			
e i i		15.	WAS DECEASED EVER IN ITS AR	MED FORCES?	TA SOCIAL SECURITY NO	17 INFORMANT			Address		
end mit.		{Yes	, no, ar unknown) (If yes give	wor or dotes of serv	ice)	HAROLD !	Carren	Hollywo	oo Many	LAND	
att peri	-	-	18. CAUSE OF DEATH (Enter	poly one source no	- Implies (a) (b) and (a)	TINKOLO O	· OMITH	TIGELYWO	OUS MART		BETWEEN
that the d an by the attransit perr		- 1	PART I. DEATH WAS CAU	JSED BY	I mertos (o), (o) ono (t).)	10/15/	16 12	Ar.	7/		ND DEATH
equires that the physician signed by the burial-transit burial, cremat			1MMI	EDIATE CAUSE (0) 🚣	15046 CC.	AMA B		1 files			
equires tha physician signed by burial-tran		- 1	Candidona II and Julius and	DUE TO	(Almar	0111	X1	36.11	N. 1		
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IAN: of ar ficate far u Healt		윤	200 ACCIDENT WAS UNDERLYIN		206 DESCRIBE HOW INJURY OC	URRED (Enter hotur	re of injury in Port	I or Port II of Jen	7181	-	
		MEDICAL CERT FICAT	OR CONTRIBUTING CAUSE OF CAUSE	F DEATH AMINER)	6			0	creci	1.1	-
PHYSIC he hospi this cert letached Dept a		ੂ	20c. TIME OF INJURY Month, Haur o.m.		20d INJURY OCCURRED	20e. PLACE OF INJUR	Y (Home, form,	20f (C:*y or	town) (f	ounty)	(Stote)
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ATTENDING etained by the CTOR: After I should be di			saw the deceased of			nd that death a			auses and on	the date sta	ited ahove
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OR A be rel be rel bolREC			The stomatone	1 111	11611	M D PHYS	DING ME	D RECTOR D STA	FF .	DATE SIGNED	
		ŀ	22c PHYSICIAN'S	000			ADDRESS	COOK LI PRO	3.		
TO HOSPITAL OR ATTENE Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	1			SAMADI	M. D.			NARDTOWN	MARYLA	ND	
O HOSPI Page 4 n O FUNER director, shauld b	1	230	BURIAL, CREMATION,	3b. DATE THEREOF		ERY OR CREMATORY		23d. LOCATION (C	ity or Town)	(Caunty)	(State)
Pog C	200			APRIL 16	,1967 Mr. Z101	V		LAUREL	GROVE.	Mas	YLAND
F F	1		FUNERAL DIRECTOR		ADDRESS		2So. REC'D B	Y REGISTRAR	25b Photsirars		PC.
VR A15 (4) 25M 1/67	15	1,63	CLARKE MATTI	NOI EY	LEGNARDTOWN. M	ARVI AND	DAMPR	1 8 1967	A cress	0	,
	80	44	*AFULVE MULTI	MOLET	PECHANICIONIA 148	TATEMAN	I DWW I		· · · · · · · · · · · · · · · · · · ·		

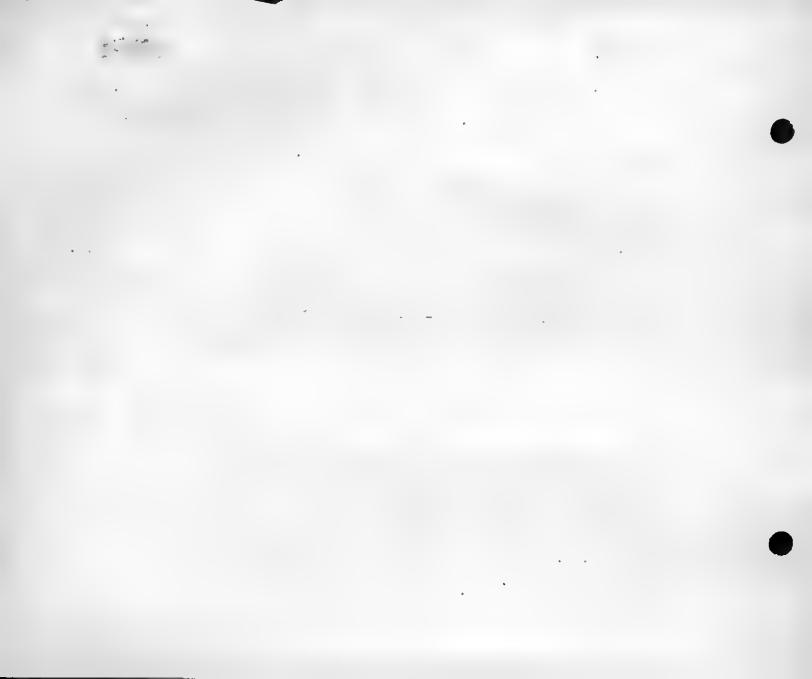
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05774 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission a COUNTY a. STATE b. COUNTY death. ST. MARYS MARYLAND ST. MARYS b CIY OR TOWN (If guitside corporate limits C. ENGTH OF STAY IN 16 c CITY OR TOWN (If guts de corparate limits, write RURAL and give nearest tawn) Write RURAL and give negrest town)
RURAL PARK HALL after RURAL - GREAT MILLS IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS RT. 1 BOX 402 YES NO THE after death 3. NAME OF 4 DATE M-ddle First Last Manth Dov Year DECEASED OF Ske (Type ar print) DENNIS LES STANLEY APRIL within DEATH 1967 S SEX IF UNDER 1 YEAR IF JNDER 24 HRS 6 COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7 MARRIED NEVER MARRIED in Item 18. ast birthday) ₹ Months Dovs MALE WHITE WIDOWED D VORCED APRIL 2,1963 event pun 10g USUAL OCCUPATION (Give kind of work done 10b K ND OF BUSINESS OR 11 BIRTHPLACE (State or fareign country) 12 CT ZEN OF WHAT during most of working life, even if retired) INDUSTRY **COUNTRY?** in ony N7 BRISTOL TENN. Exominer's USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed with and ELLIS LEE STANLEY MARY ANN THOMAS IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO Address Chief Medical (Yes, na, or unknown) (If yes give war ar dates of service) removal NO MRS.MARY ANN STANLEY - SAME AS INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c)) transit PART I. DEATH WAS CAUSED BY CRUSHING HEAD INJURIES 0 MMEDIATE CAUSE (a) _ This certificate should writing the word cremotion, DHE TO burial 1 Conditions, if only, which gove rise ta immediate cause (a). forwarded to DUE TO stating the underlying cause 9 burial, PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(d) 19 WAS AUTOPSY PERFORMED? NO Y please execute the certificate, ogent, prior to 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part it of item 18) PRIMARY OF CONTRIBUTING CAUSE OF DEATH should E-CAL EXAMINER: VEHICLE LEFT HGWY. STRIKING BRIDGE ABUTMENT (State) 20c T ME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm 20f ((ty ar town) (Caunty) Hour am Nat While factory, street affice bldg, etc.) 10:18 P.M. at wark PARK HALL ST.MARYS designoted 21. I certify that I taak charge of the remains described above, held an Autopsy Inquiry X Inspection X and in my opinion FUNERAL DIRECTOR: the funeral director. death resulted fram: Naturol couses Accident X Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Heofth o Address (Street, city, town, or county) LEONARDTOWN . MD. WM.D.BOYD M.D. NAME (Type) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Caunty) BURIAL CREMATION 0 4/17/67 TRINITY MEMORIAL WALDORF. MARYLAND 25b REGISTRAR'S SIGNATURE ADDRESS REC D BY REGISTRAR VR A15ME JOHNM. WELCH - LEONARDTOWN . MD. 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



	Item 18 Film 389 5-29-67 MARYLAND STATE DEPARTMENT OF HEALTH	-9
' }	Division of STATISTICAL RESEARCH AND RECORDS, 301, W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	35775 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05774	ŗ
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delay nd 3 3. Pa 3. Pa ment	write PI RAL and awa percent town)	
2, and 3 to PM3. Page partment of after degree	NAS, Patuxent River, Md. 3 weeks Nas//Patuxett/ River Mary/lend	B IS RESIDENCE
ges 1, farm farm are De	ALL'ELLER OF THE PARTY OF THE P	ON A FARM? YES NO 🛖
after death. If any de 8 Give Pages 1, 2, and alang with farm PM3. with the State Departm within 72 haurs after 0	3 NAME OF First Middle Last 4. DATE Manth D	loy Year
deat re Pa with with	OF OF OTENT OF DEATH April 7	1967
after d 8 Give alang w with the		R IF UNDER 24 HRS
118 Ce 0	Male Caucasian WIDOWED DIVORCED 36 YIS	
thin 24 haurs in 18 miner's Office a pages land? win any event?	10d USUAL OCCUPATION (Give kind at work dane lob K ND OF BUSINESS OR II BIRTHPLACE (State or fareign cauntry) 12 CITIZEN COUNTR	Y?
ges one	U. S. Navy U. S. Navy New Jersey U. S. Navy III MOTHER'S MAIDEN NAME	5
ithir amin amin e pa		
d with per lead to the second	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address	vecessed,
cute ng' dica dica	(Yes, na, arunknawn) (If yes give war ar dates af service) Yes 3JUN63-7APR67 144-24-0513 Official Naval Records	
should be executer to ward "pending" to the Chief Medical buriol-transit permit matian, ar removal,	18 CAUSS OF DEATH (Enter only one cause per line for (a) (b) and (c))	NTERVAL BETWEEN ONSET AND DEATH
I be Lhiel rans	IMMEDIATE CAUSE (a) Hypoxia (cause undetermined)	MART MIND DENTIL
oulo war he (iol-t	Conditions, if ony, which gove)	
the to th	Tise to immediate cause (a), storing the underlying cause (b) DUE TO	
ficat mg ded as o as o I, cr	last. (c)	
certificate should be execute, writing the ward "pending" arwarded to the Chief Medical used as a burial-transit permit burial, cremation, ar removal,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	9 WAS AUTOPSY PERFORMED?
This cate, are far be used to the tark		YES 🔣 NO 🗌
intered in the state of the sta	200 EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH 201 TIME OF INJURY Month, Day, Year Hour o.m. 202 Not While Not While Cause of Injury in Part I or Part II of Item 18) 203 PLACE OF INJURY (Hame, farm, location) (Causely)	
MESTAL EXAMINER: The please execute the certificate of director. Page 4 should be retained for your files. L. DIRECTOR: Page 3 should its designated agent, prior	20c. TIME OF INJURY Month, Day, Year Hour o.m. Pm 19 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, foctory, street, affice bldg, etc.) (Caunty)	(State)
L EXAM tecute the Page 4 for your R: Page	21. I certify that I taok charge of the fernalins described above, held an Autopsy be, Inspection , Inquiry , a	nd in my opinioi
e ex.	death resulted fram: Natyral causes	
EPUTY MESTA sssary, please es funeral director. oy be reta ned INERAL DIRECTO	ACTUAL SIGNATURE C TO MACCOARDES TO MO USNR MD ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
UTY pry, preceded by the re- er and the re- or its	EVAMINED'S DEPUTY MEDICAL EXAMINER	7 APR 67
o DEPUTY necessary, the funera 5 may be 0 FUNERA Health ar	NAME (Type) W. B. BOTD, MB., County Coroner Address (Street, city, town, or county)	NIN OI
TO DEPUTY MESTAL EXAM necessary, please execute the funeral directar. Page 45 may be retained for your of FUNERAL DIRECTOR: Page Health or its designated age	23d BUR AL, CREMATON, PRINOVAL (Specify) 4/11/67 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (Cour Fairfax Co. Va.	rty) (State)
	Dollar line	URE
VR A15ME (5)	24. FUNERAL DIRECTOR ADDRESS APR 1 1967 256. REGISTRAR S SIGNAT APR 1 1967 Clientes 1	upgen.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05776 CERTIFICATE OF DEATH and 2 death. funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY ST. MARY 8 and campletely filled in by the fur entruce carbon papers. Pages I any event, within 72 haurs after requires that the death certificate be executed within 24 hours after MARYLAND ST. MARY'S b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN Th c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) DAYS RURAL LEGNARDTOWN d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS B. IS RESIDENCE ON A FARM? MEDLEY & NECK YES Y NO NAME OF First Middle Lost 4. DATE Month Dov Year DECEASED JAMES H. (Type or print) WALLACE 1967 DEATH APRIL SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS AV4 birthdoy) Months Dovs Hours ALE WHITE WIDOWED DIVORCED Dufo 10a: USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) attending physician permit. Then please INDUSTRY COUNTRY 2 pup VWOOd 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova SXXXX TAHLWOOD WALLACE SARAH GATTON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. permit. Address (Yes, no, or unknown) (If yes give wor or dates of service b signed by the atter burial-transit permit burial, cremation, a MACE FORD LEGNARDTOWN. MARYLAND CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART 1. DEATH WAS CAUSED 8Y: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) attending physician. DUE TO Conditions, if ony, which gove rise to immediate cause (o), DUE TO has been see as the lath prior to t stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? YES [the hospital or TO FUNERAL DIRECTOR: After this certificate NO 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While factory, street, office bldg., etc.) ATTENDING State of work be retained by pe 21. I certify that (I) (this hospital) ottended the deceased fram. 19.62, to. , 1967, that (1) (we) lost should 19 67, and that death occurred at saw the deceased alive on.... M, fram causes and on the date stoted above. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS be filed 22c. PHYSICIAN'S 22d. ADDRESS Boyp M. D NAME (Type) LEONARDTOWN. MARYLAND director, shauld 23o. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) BURIAL (Specify) APRIL 10.1967 OUR LADY'S CHAPEL MEDLEY'S NECK ST MARY PR 1 1 19 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) 25M 1/67 Charles W.CLARKE MATTINGLEY LEGNARDTOWN. MARYLAND

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